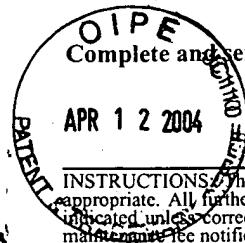


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Complete and send this form, together with applicable fee(s), to: **Mail**

APR 12 2004

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7590 01/08/2004

Catherine Anne Whealy
P.O. Box 220
Tolar, TX 76476

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CATHERINE ANNE WHEALY (Depositor's name)
Catherine Anne Whealy (Signature)
April 8, 2004 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/684,573	10/13/2003	Michael R. Heffner		4825

TITLE OF INVENTION: DOUBLE IMPATIENS PLANT NAMED 'BODDBLBRP'

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$640	\$0	\$640	04/08/2004
EXAMINER		ART UNIT		CLASS-SUBCLASS	
BELL, KENT L.		1661		PLT-317000	

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"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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(A) NAME OF ASSIGNEE

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